Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 02/09/2016 FCL032132 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1011 PARK AVE MAGGIE'S HELPING HANDS DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (0.05)ID. (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report by Glenn Hoppin CONSTRUCTION SECTION DHSR Construction Section conducted a Biennial MAR 1 4 2016 Survey on February 09, 2016 from 8:30 AM to 10:00 AM at the above referenced facility. DHSR RECEIVED records indicate the home was first licensed on October 1, 2013 as a Family Care Home for four ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code -C174:#I Section 425.2 - Residential Care Homes. A screw has been Placed At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They in the cover on the are as follows: breaker panel. Photo documentation is included. C 174 C 174 Building Equipment Maintained Safe, Operating Will conduct monthly SECTION .0300 - THE BUILDING inspections of the holies 10A NCAC 13G .0317 BUILDING SERVICE structure, broaker panel, etc EQUIPMENT and fix according. In order to ensure house is being (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and inspected donaonthly a operating condition. (i) This Rule shall apply to new and existing log with be created and family care homes. documented. This Rule is not met as evidenced by: Observations revealed that the breaker panel is missing a cover screw causing the cover to improperly cover the breaker panel. Have a qualified technician replace the missing screw in the breaker panel. Provide photo documentation to the DHSR Construction section when this is

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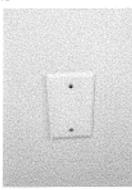
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(XB) DATE

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 02/09/2016 FCL032132 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1011 PARK AVE MAGGIE'S HELPING HANDS DURHAM, NC 27701 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 2. Faucet has been C 174 C 174 Continued From page 1 replaced with a brand complete. new one and no longer dries, Faucet will be Observations revealed that the hall bathroom faucet is continuously dripping. Have a qualified one of the things that technician repair or replace the faucet. Provide will be included in copies of invoices to the DHSR Construction the monthly inspections of the house and Section when this is repaired. Observations revealed that a light switch in the recorded in the log. master bathroom is broken. Have a qualified WILL BE FIXED/repaired technician repair or replace the light switch. Provide copies of invoices to the DHSR accordingly. Construction section when this is repaired. 3. Light switch has Observations revealed that a picket on the rear steps has been chewed by an animal. Have been replaced with a qualified technician repair or replace the damaged picket. blank cover. Observations revealed that the paint is fading and peeling on the exterior window trim. Have a 4. Picket on rear Stas qualified technician repaint the window trim. Provide photo documentation to the DHSR replaced. This will also be included in Construction Section when this is complete. the monthly inspection of the house. Anything that needs repair will be fixed accordingly. 5. Paint oround window trim has been fixed Painted trims and this will also be included in monthly inspections and repaired accordingly.

M6SP21



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	Proposal			
	10100		PROPOSAL NO.	
			SHEET NO.	
			DATE	
	PROPOSAL SUBMITTED TO:	WORK TO BE PERFORMED AT:		
	NAME NOW OF	ADDRESS Spine		
	ADDRESS Crayo Home	Uhma		
		DATE OF PLANS	1011	
	Park Ava Durbamenco	ARCHITECT P C (1)	1016	
	PHONE NO. 3773	4. B. 46	1016 recterson	
	We hereby propose to furnish the materials and perform the labor necessary for the completion of			
I	Desch and the second			
	Painting of (15) windows at 10.00 each			
2				
٦	Replacing (1) ballister bean on back steps			
	0	/		
	rail.		<u>, 1717 - 71 - 1</u>	
4				
3)	Replacing (1) facicet in bathroom with a. s			
	one = \$30,00			
	40.10			
	All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specific			
	submitted for above work, and completed in a substantial workmanlike manner for the sum of 180.00			
	( ) - NA 1.4 P. T N. I 1.1.4 M. I			
	with payments to be made as follows: Completion of work			
•	0 8. (1)			
	Paid in Call Respectfully submitted RG. Alenders			
	Any alteration or deviation from above specifications theolying extra costs will be executed only upon written order, and will become an extra charge	Partlanderson's	Law Core/Horock	
	over and above the estimate. All agreements contingent upon strikes, ac- cidents, or delays beyond our control.		This proposal may be with	
			not accepted within	
		0) 40 11	The secretary	
	ACCEPTANCE OF PROPOSAL			
	The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work			
	as specified. Payments will be made as outlined above.			
	i i	Signature		
	Date 03/01/016	Signature		
			Control of the Contro	